TRA		INFORMATION DISCLO	i i	Docket No. 4 (Z) 00004 P US		
In Re	Application Of: S	Shafer MAY 1 1 2001		O		
	Serial No. 09/759,806	Filing Date 01/12/01	Examiner	Group Art Unit		
Title:	Microlithograph	ic Reduction Projection Catadiop	tric Objective	RECKY 31 CHTER 2800		
		Assistant Com Washing	ddress to: missioner for Patents ton, D.C. 20231	CHTER 2800		
1. 🗷	The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application; within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or before the mailing date of a first Office Action on the merits, whichever event occurs last.					
		37 C	FR 1.97(c)			
2. 🗌	The Information Disclosure Statement submitted herewith is being filed after three months of the filing of a national application, or the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or after the mailing date of a first Office Action on the merits, whichever occurred last but before the mailing date of either:					
	, 1.	a Final Action under 37 CFR 1.1	I13, or			
	2.	a Notice of Allowance under 37	CFR 1.311,	· · · · · · · · · · · · · · · · · · ·		
	whichev	er occurs first.	; 			
	Also submitted herewith is:					
	☐ a certifica	tion as specified in 37 CFR 1.97	/(e);			
		OR				
		et forth in 37 CFR 1.17(p) for : CFR 1.97(c).	submission of an Information	n Disclosure Statement		
			! !			

TRANSMITTAL OF	Docket No. (Z) 00004 P US					
In Re Application Of: Shafer MAY 1 4 2001						
Serial No. 09/759,806	Feling Dates of 01/12/01	Examiner	Group Art Unit			
Title: Microlithographic Reduction Projection Catadioptric Objective						
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))						
□ A check in the amount of is attached. □ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. □ Charge the amount of □ Credit any overpayment. □ Charge any additional fee required.  Certificate of Transmission by Facsimile*  Certificate of Transmission by Facsimile*  Certificate of Mailing by First Class Mail  □ certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. ) on □ (Date)  Signature  Signature  Typed or Printed Name of Person Signing Certificate  Typed or Printed Name of Person Mailing Correspondence  Typed or Printed Name of Person Mailing Correspondence						
*This certificate may only be used if paying by deposit account.  **M. Robert Kestenbaum  Reg. No. 20,430 11011 Bermuda Dunes NE Albuquerque, NM USA 87111 Phone 505-323-0771 Facsimile 505-323-0865						

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